Place of Business, 2020

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certific	ertificate.
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Bealth Department, City of Baltimore.

Permit No. 9 7 00	- Office of	Registrar o	of Vital	Statistics.	ward	
to the Undertaker or other requested so to do, under pe		he burial, within twe	nty-four hours at	ter the death of said	ficate, accurately 1 deceased, or	filled out, sooner, if
C	ERTIFIC	CATE	OF_D	EATH	1887	Q
Date of Death,		Thay !	a.	18.87	TIMORY	<u>A</u>
Full Name of Dece	ased, { Write legibly and correctly. If an In not named, give no	spell dant ames	yni	Kram	-	
Sex, Male or Femal		J	ima	le (7	rause)
Age, 2	Yeurs,	,	Mont	hs,		Days
Color,		nehu	6	······································		
Married, Single, W	idow or Widower,	{Cross out the words no required in this line.	ot} m	emi)		
Occupation,						
$Birth\ Place, egin{cases} ext{State or co} \ ext{long in th} \ ext{if of foreign} \end{cases}$	ountry, and how e United States, gn birth.		der m	+-7	V.	
Duration of Reside			25	Sec.		
Place of Death, Giv	e Street and }	190	800	rless		
Cause of Death, $\left\{egin{array}{l} { m F} \\ { m S} \end{array} ight.$	econd (Immediate),	Cterine	Himo	mage ()	Time)	Janes 1
Duration of Last S		246		de	Con for	Child
All the above information Place of Burial,	a should be furnished by the l					
Date of Burial,	Hou o	18837 10	,			
Dute of Durite,			1		A TANKS	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Bealth Department, City of Baltimore.

Permit No. 99683 Office of Registrar of Vital Statistics. War

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,			May The. 1	887
	ased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Fran	reis Josnovke	•
Sex, Male or Fema	tle, {Cross out the word not }		Female	
Age,	Pours,	16	Months,	Days.
Color,			White	
Married, Single, W	idow or Widower, {Cross of required	ut the words not }	fluide on the state of the stat	-
Occupation,			V	
Birth Place, State or clong in the	ountry, and how e United States, ign birth.		· Baltimore	
Duration of Reside	ence in the City of Ba	ltimore,	Xi j	e
Place of Death, {Giv		0 & Jour	st_	
Cause of Death.			oup) (nem	
	should be furnished by the Physician.		4 hours -	
Place of Burial, L	Olyhonsus	Cim		
Date of Burial,	Maj 8 fl. 8.	2) 2	Domas & En	ane. M D
(Undertaker, F.	L'x Bros Biws	K	Med Med	lical Attendant.
	88,1782 Olisan			

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore. Permit No. Office of Registrar of Vital Statistics. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. Write legibly and spell correctly. If an Infant not named, give names of parents. Full Name of Deceased, Sex, Male or Female, Cross out the word not required in this line. Months. Days Married, Single, Widow or Widower, Cross out the words not required in this line. Occupation, X XX Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, Give Street and Number. First (Primary), Second (Immediate), Duration of Last Sickness, All the above information should be farnished Place of Burial,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health	Pepartment, City of Baltimore. Office of Registrar of Vital Statistics. Ward
Permit No. 77688	Office of Registrar of Vital Statistics. Ward
The Dhysician who attended	any person in a last illness, is responsible for the presentation of this Certificate, accurately fluct of superintending the burial, within twenty-four hours after the death of said deceased, or sooner, i

CENTIFICATE OF DEATH.
Date of Death, May O. 1881
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 2 / Years, 2 Months, Days.
Color, Polored
Married, Single, Willow or Widower, {Cross out the words not }
Occupation, & busewife
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Jefelyne
Place of Death, {Give Street and } // 8 / / antime!
Cause of Death, { First (Primary), Choplens
Duration of Last Sickness, Dollars, All the above information should be furnished by the Physician.
Place of Burial Lawrel Cometary
Date of Burial, may 9th \ age M. D.
Undertaker, Medical Attendant.
Place of Business, 313. S. baroline, St. Address, 1) Ofto Way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Place of Business, 15.7.

No. 9 9 5 16
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth Department, City of Baltimore.
Permit No. 99686 Office of Registrar of Yital Statistics. Ward 6
The Physician who attended any person in a last fillness, is responsible to the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the build, within twent, four halors after the death of said deceased, or sooner, it requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH
Date of Death, Mary Og 180
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Mode or Female, {Cross out the word not }
Age, Months, Days.
Color, Notice
Married, Strogle, Widow or Widow, {Cross out the words not }
Occupation, Mone
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and }
Cause of Death, { First (Primary), Second (Immediate),
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, of Alfahransus
D: CD:1 /// / att // /

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cartificate.
Permit No. 99687 Office of Augustran of Vival Statistics. Ward
The Physician who attended any person in a lest inness is a esponible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within the other hours after the death of said deceased, or sooner, if
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death Man 6 th 1884
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents of parents with the word not.
Sex, Male or Female, { required in this line. }
Age, 40 Years, Months, Days
Color, white V
Married, Single, Widow or Widewer, {Cross out the words not }
Occupation, Railroad Employee
Birth Place, {State or country, and how long in the United States, } Baltimore
Duration of Residence in the City of Baltimore, Allost of his life
Place of Death, (Give Street and) 1436 East Frayette St
Cause of Death, { First (Primary), Injury in RR accident
Cause of Death, Second (Immediate), Summer on Brain
Duration of Last Sickness, 4 hours the All the above information should be furnished by the Physician.
Place of Burial, Butto Gemeter
Date of Burial, May 9th 1 Saniel 2/11
(Undertaker, Evans & Spence Medical Attendant.
Place of Business, 1000 EBalto DAddress, 728 airquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Atten	tion of Physician	s is Respectfully In	vited to the Rem	arks below, and to l	List of Diseases on I	Back of this Certificate.
6	Health	Depart	ment	Hitty of	Baltim	ore.
Permit No. 7	Z. 11. S. S			of Vital St		Ward 2 fulled out,
to the Undertaker requested so to do,	or other person under penalty of No Perm	superintending the law. IT FOR BURIAL CA	burial within to	wernour A Prope	he death of said on CERTIFICATE.	deceased, or sooner, if
	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	RTIFIC	ATE	OF DE	EATH.	W
Date of Deat	th, Fix	May	-	,_ /	/	7
Full Name of	f Beceased, {	Write legibly and spe correctly. If an Infar not named, give name of parents.	nt Mal	ler dan	ce of De	aner)
,	- correct (requi	red in this time.				
Age,	3	Years,		Months,		Days
Color,	Mule	<i></i>				
Married, Sing	gle, Widow	w Widower, {	Cross out the words required in this lin	not }	······	
Occupation,			15-	······································		
Birth Place,	State or country, ar long in the United if of foreign birth.	states,	allo			
Duration of	Residence in	the City of I	Baltimore,	aliva	yo!	
Place of Dea	ath, {Give Street a Number.	nd} 142	7 100	och p	te,	
Cause of Dec	ath, { First (Pr	Immediate),	Love.	Aluna &	my Ey	fusion
Duration of		88, 6 C	Leeys			·
Place of Bur		1	el Hemis	my)		
Date of Bur	11	gt 188	4 /	2011	0/3	16.
(Undertake	r. Wim a	Licolan	s F	rawiel	Medical	M. D.

The Sp

Permit

to the l

Date

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Sex,

Age,

Color.

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Place

Cause

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Place

Date

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twentythe sam and dat

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 1715 alice ann, Address, 1711

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a continuate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Kemarks below, and to List of Diseases on back of this Certificate.

Bealth Department, City of Baltimore.

	tran of Wille Statistics. Ward	
The Physician who attended any person in a last illness to the Undertaker or other person superintending the burial, requested so to do, under penalty of law.	syresponsible for the presentation of this Certificate, accurately within twenty-four hours after the death of said deceased, or s	filled out,
No Permit for Burial can be	BTAINED WITHOUT A PROPER CERTIFICATE.	7
CERTIFICAT	E OF DEATH.	2
Date of Death, Sat	unday May 7 th. 1887	/
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Many L. Browning	
	Hemale ?	
Age, Zo Years,	Months,	Days.
Color,	lehite .	
Married, Single, Widow or Widower, {Cross out the required in	he words not } fingle	1
Occupation,	#	/
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Batte . Md	/_
Duration of Residence in the City of Baltin	more, defetime	
Place of Death, {Give Street and }	1003 Clifton Place	
First (Primary),	Phothesis Pulmanalus	
	Ex hautidi,	
Duration of Last Sickness,	The month.	
Place of Burial, Yew Cathedral (Rely	
Date of Burial, May 9 1889	1'11 R.4.	
(Undertaker, Moury Marchy)	Medical Attendant.	M. D.
Place of Business, 2093. A Pulna		acc

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physician	s is Respectfully Invited to the R	emarks below, and to Li	ist of Diseases on back of	this Certificate.
Bealth	Department,	THE RESERVE OF THE PERSON NAMED IN		
Permit No. 9 19 19 11 The Physician who attended to the Undertaker or other person	Office of Registral			
requested so to do, under penalty o No Perm	f law. IT FOR BURIAL CAN BE OBTAIN	YED WITHOUT A PROPE	B CERTIFICATE.	/b
CER	TIFICATE	OF DI	EATH.	
Date of Death,	May,	7 1887	000	7
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	John 4. Da	ssford Cobi	ura ·
Sex, Male or Female, (cro	ss out the word not } uired in this line.			
Age,	2 Years,	Months.	, <i>f</i>	15 Days.
Color,	N,	hite	1/	
Married, Single, Widow	w Widower, {Cross out the wor required in this h	ds not }	1/	
Occupation,	Gen	Meman		
Birth Place, State or country, a long in the United if of foreign birth.	nd how) States,	Back	1.19	
Duration of Residence in	n the City of Baltimore	all his	lefo	
Place of Death, Give Street a Number.	nd} 1526 fr	for the	0	
Cause of Death, $\left\{egin{array}{l} ext{First (Property)} \\ ext{Second (} \end{array} ight.$	rimary), Consum (Immediate),	phon of 2	ungs	
Duration of Last Sickne		months	•	
Place of Burial, Green	amount com			
Date of Burial, May	9 20 (867)	11/1	motor	
Undertaker, Stewa	it & Mowen		Medical Attend	M. D.
Place of Business 27	5 x 217 Parkay	ddress, 1 Moun	f Moyal 1	errace
Extract from Regulations of th	e Board of Health to secure	a full and correct re	ecord of the Vital St	tatistics in the

City of Baltimore.

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[OVER.]

Thysicians is nespectating invited to the Kemarks Delow, and to list of Diseases on Back of this Certificate
Bealth Department, City of Baltimore.
Permit No. 9969 Office of Registrar of Vital Societies Ward 12
The Physician who attended any person in a last illness, is repossible for the presentation of this Certificate, accurately filled out, the Unitertaker or other person superintending the burial, within thenty-four that's after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, May 8. th 1884
Full Name of Deceased, { Write legibly and spell correctly. If an Intant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } required in this line. }
Age, 65 Years, Months, Days
Color, White
Married, Single, Widower, {Cross out the words not}
Occupation, Insurance Business
Birth Place, {State or country, and how long in the United States, of or foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and} 1122 Madison Ar
Cause of Death, Second (Immediate), Second (Immediate),
Duration of Last Sickness, 6 Weeks All the above information should be furnished by the Physician.
Place of Burial, Joen Mount Counting
ate of Burial, May 10 4 1887 1887 1887
Undertaker, Steelvart & Mouring M. D. Medical Attendant.
Place of Busines, 15 V217 Park and Address, 1218 Madison A
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]